

under control and makes sure we maximize the benefits to seniors across the United States.

It will be interesting to note the vote tomorrow. I believe there have been clear indications that many people here are not going to do anything to ruffle the feathers of the drug companies and pharmaceutical lobby. I hope they will keep in mind that the senior citizens they represent understand full well that these drug companies are the most profitable companies in America.

They can bring down costs. They have done it in Canada and in other countries. They can still make enough profit to reward shareholders for their risk and have money left to invest in research. I hope this MediSAVE amendment will have the positive response of my colleagues tomorrow when it is offered on the floor.

I am prepared to yield the floor at this time, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. FRIST. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

PRESCRIPTION DRUG AND MEDICARE IMPROVEMENT ACT OF 2003—Continued

Mr. FRIST. Mr. President, as we bring this very busy day to a close, I wish to reflect on where we are with this very historic bill that will provide prescription drugs and, at the same time, strengthen and improve Medicare for our seniors and individuals with disabilities.

It is a historic week in many ways, but primarily because we will accomplish something that many thought would be impossible even a couple of months ago that will benefit America's seniors; historic because during this week, both Houses will likely pass the first major reform of Medicare in the almost 40 years of that program's existence.

Thanks to the strong leadership of President Bush, as well as the bipartisan support of this body, I am optimistic that by the end of this week, we will have added a \$400 billion prescription drug benefit for our deserving seniors for their health care security. And indeed, it has been a long time in coming. A lot of us have talked about it, have known we should move in that direction, and now after a lot of participation we will be able to deliver on that for which we have all worked so hard. Both parties have promised action in the past. America's seniors have demanded it. Indeed, America's seniors deserve it.

As part of this current legislation, not a lot has been said on this particular aspect of it, so I do want to mention it. Within 8 months or 9

months after the President signs the final product of our discussions, when he signs this bill, seniors will have access to a prescription drug card that will provide immediate savings for them. This is an important interim move that allows us to say to seniors: Help is, indeed, on the way.

During this period of time of a year and a half or a couple years while they have that prescription drug card, we will be constructing the appropriate infrastructure to provide that prescription drug benefit for that population that wishes to stay in traditional Medicare or that population that wishes to take advantage of a new, transformed type of Medicare that will allow continuous, ongoing quality care in a more seamless fashion, a fashion that will involve preventive medicine and chronic disease management, as well as prescription drugs.

The great aspect about what we are doing, at the same time we are offering this new benefit of prescription drugs, which our seniors deserve, is that we are modernizing the Medicare Program, strengthening it, improving it in a way that can be sustained long term, and hopefully there will even be some cost savings in the future, but at the same time I am absolutely positively sure that the quality of care will be better. I say that because of this focus on preventive medicine, chronic disease management, and overall disease management which is simply not provided in traditional Medicare.

I wish to list a couple of principles.

First, individual choice versus a one-size-fits-all system. Seniors, for the first time, will be given an opportunity to choose the health care coverage which will best meet their individual needs. It is very different from the one-size-fits-all type program that is provided today.

Second, private sector competition versus Government price setting. Private insurers—I mention private insurers and private plans because we hear a lot today from certain think tanks that not very much is new in this bill. There is not very much reform, there is not very much modernization.

My simple response to them is, yes, there is a new entitlement in terms of this drug benefit, but it is going to be delivered 100 percent through the private sector, through private plans. Yes, regulated by Government, but the entities, the mechanisms of delivering these prescription drugs, whether it is in a freestanding plan or part of the traditional Medicare+Choice or part of a new PPO system, are 100 percent competitively bid with market-based principles.

That allows us to step back and say: Yes, there is something new that over the long haul, if carried out well, if appropriately structured, will allow seniors to have better value, a higher quality of care for the same input, the same amount of money that is spent.

So this market-based competition is important and, I would argue, is very

important to the long-term sustainability of the program because of this huge demographic shift of the doubling of the number of seniors.

Third, innovation versus bureaucratic delays. The participation of private health plans in Medicare will help ensure up-to-date coverage. Because Medicare is so rigid, it takes a long time for Medicare to incorporate innovation, new technology, new and better ways of doing things. When you have Government bureaucrats making the decisions or politicians or political figures deciding what is covered and what is not, it simply takes a longer time than occurs in the more responsive private sector.

Four, long-term savings versus spiraling costs. There is a lot of debate in this Chamber, but I would argue, consistent with what the Medicare actuaries tell us, that the most efficient private plans today have the potential for beating Medicare costs by as much as 2.3 percent. Compounded over time, that can result in significant cost savings to the program. Thus, for the same input of dollars, you will have better output, better care delivered, and better quality of care.

The final point I will close with is regulatory relief versus the redtape of bureaucracy that is so characteristic of our Medicare system today. In this bill, there are several rulemaking and regulatory relief changes for health care providers that will allow them to focus on what they should be doing; that is, providing that clinical care, that patient care, instead of filling out paperwork or spending a lot of time on red-tape activity.

A recent study by Price Waterhouse estimated that for every hour in the emergency room, there are about 30 minutes of paperwork required by emergency personnel. There is just no reason for that today, and this bill helps address that regulatory relief.

So a new benefit, individual choice, market-based competition, rapid assimilation of new technology, as well as new medicines, long-term savings, relief from this red tape, health security for seniors, that is what this bill is all about.

VOTE EXPLANATION

Mr. BROWNBACK. Mr. President, I regret that due to a previously scheduled White House event celebrating Black Music History Month, I was unable to cast a vote on Amendment No. 1002 offered by my friend, Mr. LAUTENBERG. I would like the RECORD to reflect that had I been present, I would have voted against the amendment.

Mr. JOHNSON. Mr. President, as we move forward with debate on Medicare prescription drugs, it is important to recognize that this bill does very little to address the unrestrained costs of prescription drugs. I find it disconcerting that as we are discussing one of the most major public program expansions of all time, we have neglected to have a real discussion about how to ensure that taxpayers get the

most bang for their buck in this program, and that seniors who will have significant cost sharing responsibilities have as minimal a burden as possible.

For many years, I have been a strong advocate for implementing reforms to reduce prescription drug costs for consumers in this country. I believe one way to do that is through increasing consumers' access to approved, safe and affordable generic prescription drugs. Last week the Senate passed an amendment that would accomplish this very goal. I was pleased to see that the Gregg-Schumer-McCain-Kennedy amendment passed the Senate with wide bipartisan support and I want to thank my colleagues for their dedication and hard work on this issue. This represents one encouraging step towards leveling the playing field and ensuring that prescription drug costs under this program are indeed reasonable.

The generics amendment, which I have cosponsored along with many of my colleagues will allow generic drug companies to compete with brand-name manufactures by clearing the major obstacles that delay generic drug approval. The act levels the playing field for generic drug makers to better compete against large, brand-name manufacturers, and it represents a bold step in putting consumer health and savings first. The legislation seeks to bolster the Hatch-Waxman Act passed in 1984, which promoted the growth of the generic drug industry. Loopholes in the patent laws, which benefited brand-name drug manufacturers, prohibited the bill from ever realizing its full potential.

Efforts to promote the value of generic drugs are competing with some powerful forces, such as direct-to-consumer advertising and the unwillingness of many doctors to prescribe generic drugs more regularly. However, I believe this amendment, along with greater public education efforts directed at consumers and doctors about the effectiveness of safe and approved generic drugs, will go a long way towards improving greater access and utilization of generic prescription drugs.

I will continue to fight for lower prescription drug costs and will oppose any efforts that would deny generic drugs equal access into the market. With the enactment of this amendment, we are one major step closer to achieving this goal and I hope the House will follow suit and make similar provisions a part of shier Medicare prescription drug legislation. Passage of the generics amendment paved the way, but we must not stop here. We must continue the discussion and debate on the cost containment of prescription drugs under this program and I urge my colleagues to support all amendments that work towards that goal.

Mr. SMITH. Mr. President, I would like to join my distinguished colleague from Iowa as a cosponsor of the

"Money Follows the Person Amendment" to the Prescription Drug and Medicare Improvement Act of 2003.

This amendment would authorize the 2004 "Money Follows the Person" initiative in Medicaid, a part of the President's New Freedom Initiative to integrate people with disabilities into the communities where they live.

This amendment would create a 5-year program to help States move people with disabilities out of institutional settings and into their communities. For example, under this legislation, Oregon's effort to help an individual move out of an institutional care facility and into a community home would be 100 percent federally funded for 1 year. After that first year, the Federal Government would pay its usual rate. Under the provisions of this amendment, States like Oregon can take advantage of \$350 million dollars of Federal assistance for 5 years for a total of \$1.75 billion.

This amendment is important to the disabled community for several reasons. First, by supporting States' efforts to help Americans who have been needlessly placed in institutional settings move into community settings, this amendment will help States increase access to home and community-based support for people with disabilities.

Second, by assisting the movement of people who are not best served by an institution into a community care facility, this amendment gives them the freedom to make choices. Too often, Americans with disabilities are unable to take advantage of opportunities others take for granted—to choose where they want to live, when to visit family and friends, and to be active members of their communities.

Finally, this amendment would help States comply with the Americans with Disabilities Act. As my colleagues in the Senate are well aware, we are nearing the 13th anniversary of the Americans with Disabilities Act and of the Olmstead Supreme Court decision. That decision ruled that needless institutionalization of Americans with disabilities constitutes discrimination under the Americans with Disabilities Act.

I urge my colleagues on both sides of the aisle to support this important amendment and to support the freedom of choice for Americans with disabilities.

AMENDMENT NO. 974

Mr. LEAHY. Mr. President, last November, the Drug Competition Act passed the Senate by unanimous consent. This morning, I am proud to join Senator GRASSLEY, along with Senators CANTWELL, DURBIN, FEINGOLD, KOHL, and SCHUMER in offering our bill as an amendment to the Prescription Drug and Medicare Improvement Act of 2003, S. 1, I hope that in this Congress it is actually enacted into law as part of the larger effort to improve the health care of millions of Americans. Prescription drug prices are rapidly in-

creasing, and are a source of considerable concern to many Americans, especially senior citizens and families. Generic drug prices can be as much as 80 percent lower than the comparable brand-name version.

While the Drug Competition Act is small in terms of length, it is large in terms of impact. It will ensure that law enforcement agencies can take quick and decisive action against companies that are driven more by greed than by good sense. It gives the Federal Trade Commission and the Justice Department access to information about secret deals between drug companies that keep generic drugs off the market. This is a practice that hurts American families, particularly senior citizens, by denying them access to low-cost generic drugs, and further inflating medical costs.

Last fall, the Federal Trade Commission released a comprehensive report on barriers to the entry of generic drugs into the pharmaceutical marketplace. The FTC had two recommendations to improve the current situation and to close the loopholes in the law that allow drug manufacturers to manipulate the timing of generics' introduction to the market. One of those recommendations was simply to enact our bill, as the most effective solution to the problem of "sweetheart" deals between brand name and generic drug manufacturers that keep generic drugs off the market, thus depriving consumers of the benefits of quality drugs at lower prices. Indeed, at a hearing just yesterday in the Judiciary Committee, Chairman Timothy Muris of the FTC praised the Drug Competition Act in his testimony, and urged its passage. In short, this bill enjoys the unqualified endorsement of the current FTC, which follows on the support by the Clinton administration's FTC during the initial stages of our formulation of this bill. We can all have every confidence in the common sense approach that our bill takes to ensuring that our law enforcement agencies have the information they need to take quick action, if necessary, to protect consumers from drug companies that abuse the law.

Under current law, the first generic manufacturer that gets permission to sell a generic drug before the patent on the brand-name drug expires enjoys protection from competition for 180 days—a head start on other generic companies. That was a good idea—but the unfortunate loophole exploited by a few is that secret deals can be made that allow the manufacturer of the generic drug to claim the 180-day grace period—to block other generic drugs from entering the market—while, at the same time, getting paid by the brand-name manufacturer not to sell the generic drug.

Our legislation closes this loophole for those who want to cheat the public but keeps the system the same for companies engaged in true competition. I think it is important for Congress not to overreact and throw out

the good with the bad. Most generic companies want to take advantage of this 180-day provision and deliver quality generic drugs at much lower costs for consumers. We should not eliminate the incentive for them. Instead, we should let the FTC and Justice look at every deal that could lead to abuse, so that only the deals that are consistent with the intent of that law will be allowed to stand. The Drug Competition Act accomplishes precisely that goal, and helps ensure effective and timely access to generic pharmaceuticals that can lower the cost of prescription drugs for seniors, for families, and for all of us.

The effects of this amendment will only benefit the effort to bring quality health care at lower costs to more of our citizens. The Drug Competition Act enjoyed the unqualified support of the Senate last year, and I hope my colleagues will recognize that it fits well within the framework of the Prescription Drug and Medicare Improvement Act of 2003. It will do nothing to disrupt the balance struck in the larger bill, while aiding the ultimate goal of that legislation. I urge all Senators to embrace this effort on behalf of Medicare recipients, and of all Americans.

MORNING BUSINESS

Mr. FRIST. Mr. President, I ask unanimous consent that the Senate now proceed to a period for morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

TRIBUTE TO MAYNARD JACKSON

Mr. MILLER. Mr. President, I rise this evening to pay tribute to one of Georgia's finest, one of this Nation's finest. I pay tribute to the life and legacy of former mayor of Atlanta, Maynard Jackson. In a city known for its great civil rights leaders, Maynard Jackson was truly one of the greatest. The people of Atlanta and Georgia have lost one of our strongest and most articulate fighters. Indeed, the State of Georgia tonight is mourning the passing of one of our greatest citizens.

Maynard Jackson was such a positive presence in all that has happened in Atlanta and in Georgia over the past 30 years that I simply cannot imagine what our city and our State would be like if he had not come our way.

His impact stretched far beyond the red clay hills of Georgia. He touched the lives of many people all around this world. For me, Maynard Jackson was a good friend, a friend whose counsel I always sought because I knew he would give it to me straight. In Atlanta the City Hall and the State Capitol are right across the street from each other. He and I crossed that street to talk on many occasions.

Maynard's rise to prominence began at an early age. As a child prodigy he entered Morehouse College at age 14. He graduated in 1956 with a bachelor's

degree of political science and history. In 1964 he graduated from North Carolina Central University Law School. Maynard then returned to Atlanta as an attorney for the National Labor Relations Board followed by a time at the Emory Community Legal Services Center where he provided legal counsel for low-income Atlantans.

He ran for the Senate in 1968 and lost. But we all knew at that time the world would come to know the voice of this very remarkable, articulate, and passionate young man. In 1973, at the age of 35, he became mayor of Atlanta after winning nearly 60 percent of the vote in a runoff against incumbent mayor Sam Massell. This great-grandson of slaves served 12 years as mayor of the South's largest city. His tenure saw the construction of what would become the world's busiest airport, Hartsfield International.

He was a fierce advocate for those who thought they were forgotten. He became their voice. In him, they found a great fighter.

The *New York Times* wrote of Maynard's tenure as mayor it created "a political revolution in the heart of the South. Seemingly overnight, it transformed Atlanta into a mecca for talented, aspiring blacks from all across the country."

The *Washington Post* described Maynard's impact this way:

African Americans around the country looked at Jackson's win . . . and saw even greater possibilities. If they did it in Atlanta in the heart of the Confederacy, they could do it at home, too . . .

Vernon Jordan, himself a native of Atlanta, said his most dramatic awareness the South had changed and the city of Atlanta had changed was the day Maynard took the oath of office as mayor of Atlanta. Vernon said it was an unforgettable moment.

As the angels now sing the praises of Maynard Jackson on the other side of that river, I join the chorus of those who yet remain in glorious song to this glorious individual, his life and legacy truly an example for all of us. And he will not be forgotten anytime soon.

HONORING THE STUDENTS OF EUREKA, SOUTH DAKOTA

Mr. DASCHLE. Mr. President, I rise today to recognize an outstanding achievement of the town of Eureka, SD. Eureka has the honor of being the only South Dakota town where three students have won the National Discover Card Tribute Award Scholarship.

The Discover Card Tribute Award Scholarship is awarded each year to 9 outstanding high school juniors in each state and the District of Columbia. These students are selected based on their leadership skills, special talents, personal obstacles, and commitment to community service.

In South Dakota, the state winners for 2003 hail from such cities as Aberdeen, Brookings, Eureka, Milbank, Presho, Salem, Sioux Falls, and

Sturgis. Out of these winners, the top three students are selected to compete with students from across the country for 9 national-level scholarships, and it is in this category that the town of Eureka has excelled.

Since the award was first created 12 years ago, only 4 South Dakotans have won at the national level, beginning with Lori Heilman Leidholt of Bowdle, South Dakota, in 1994. The other 3 come from Eureka.

Sarah Anderson won her scholarship in 2000. Sarah is an award-winning photographer and a tireless advocate for diabetes education. Her renowned kitchen calendars sell throughout the state and help raise funds for the Juvenile Diabetes Foundation.

As a diabetic herself, she is able to draw from her own experiences as she speaks with adults and children across South Dakota about the disease. In 1999, she successfully lobbied the South Dakota Legislature to enact legislation expanding health insurance coverage for diabetic supplies and equipment.

Loni Schumacher was next in 2002. A member of her local chapter of Family, Career and Community Leaders of America, she was selected to visit Japan in 2001 on a 6-week exchange.

An only child, she has since adopted "sisters" from across the globe. Experiencing a new culture broadened her view of the world, and she has brought those ideals back home to Eureka where she and her family have opened their family farm to exchange students from Brazil and Germany.

Loni has also been closely involved in her school's "Teens Against Tobacco Use" organization, and teaches elementary school students about the hazards of tobacco use.

Amanda Imberi is Eureka's winner for 2003. I had the honor of meeting this young woman when I visited Eureka several weeks ago. Just last week, here in Washington, I presented her with the 2003 Tradition of Caring Jefferson Award.

At the age of 9, Amanda lost her mother to cancer. She had to grow up faster than any child should.

Even with all of her schoolwork, cooking, and managing the family's finances, she has still found the time to be active with the American Cancer Society, speaking at rallies across the state on the importance of cancer awareness and prevention, as well as producing a variety show style fundraiser at her high school.

Two more Eureka students have won the scholarship at the state level—John Ostrowski in 1997 and Alisha Lutz in 1998. For a town of approximately 1,200 people, that is a remarkable achievement. It is not only an indication of the desire to succeed shared by these students, it is also a testament to the quality of teachers and schools that produced such outstanding young adults.

I don't know what they are putting in the water in Eureka but, whatever it is, I hope they continue. These young